

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE W FORM PTO-875)

SERIAL NO.

10/517559

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5			1			
6						
7						
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10						
11			1			
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50						
TOTAL IND.			4			
TOTAL DEP.			26			
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						